STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH County Leech Registration Dist. No. Village or City near Fair These (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred Jeleaux alexander RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21, DATE OF DEATH 3. SE) 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) ranced (Month) (Oay) (Year) 5a, If married, widowed, or divorced HUSBAND of CERTIFY, That I attended demeased from 6. DATE OF BIRTH (month, day, and year) nov certificate. 7. AGE Years Months Days If LESS than proper to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH end related causes of importance min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, be Jo TIO SAWYER, BOOKKEEPER, etc. may back Andustry or business in which should CCUPA work was done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) uo this occupation (month end spant in this occupation year) _____ instructions Other Contributory Causes of importance S 12. BIRTHPLACE (city or town (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country Whet test confirmed diegnosis? Was there an autopsy? carefully OTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, sulcide, or homicide? Date of injury 16. BIRTHPLACE (city or toy (Stete or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE plnoys (Address) OF 18. BURIAL CREMATION OR REMOVAL Manner of Injury AUSE mation Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased 19. UNOERTAKER (Address) If so, specify (Signed) Genl / k ... 1932 20. FILED_C Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE	TACE	THEORETTED	CITI A PREMIUM TRATIFIC	T) 37	DITTOTAL
ADDITIONAL	SPAUL	FUR	FURTHER	STATEMENTS	BI	PHISIUIAN

-WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE O	F DEATH			(83)	
County Cecil					Registration Dist. No.	96
	Village or C			ryland. (II	No. Veterans Administration Host death occurred in a horpital or institution, give its NAME instead of streets. 7 ds. How long in U.S. if of foreign birth?	pital, Ward
2	. FULL NA		D, Willia			
				t., Reidsvi	11ess., N.C. Ward. If nonresident give city or tow	10.
-	PERSON	AL AND STATIST		The second secon	MEDICAL CERTIFICATE OF DEAT	
3. 5	SEX mile	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (gerite the word)	21. DATE OF DEATH	, 193. 2
5a.	If married, Widow	ed, or disorced			(Month) (Day)	(Year)
	HUSBAND of	Mrs. W.G. B	allard		22. 1 HEREBY CERTIFY, That I atte	
		7	on 30	1070	June 4 ,19 26 , to Apr. 11	
	AGE Yea		an. 30,	If LESS than		32 ; death is said
	53	3	Days	1 day,hrs.	to have occurred on the date stated abova, at 10:40 & me The PRINCIPAL CAUSE OF DEATH and related causes of importance	
TION		islon, or parlicular ork done, as SPINNER, BOOKKEEPER, etc.	Salesm	ormin.	were as follows: General Paralysis, cerebral ty	
AT	9. Industry or 1	business in which	Dalowie			mili-
OCCUPA	work was SAW MIL		Unknown			tary
000	10. Data decease	ed last worked at pation (month and	II. Total	tima (yaars) ent in this cupation		servic
12. BIRTHPLACE (city or town) Unknown (State or country) North Carolina					Other Coutributory Causes of Importanca: None	
ER	13. NAME	Unknown				
La Birthplace (city or town) Unknown (Stata or country)			nknown		Name of operation None Date What test confirmed diagnosis? Serological Was there	
ER	IS. MAIDEN NA	ME Unknown			23. If daath was due to extarnal causes (VIOL ENCE) fill in also the folio	
IS. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)			nknown		Accident, suicide, or homicide? Date of injury Where did Injury occur?	_
17. INFORMANT Hospital records (Address) Pura (Pour Tud					(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL				r.12 ₁₉ 32	Manner of Injury	
19. UNDERTAKER R. Madison-Mitchell, A. M. (Addrass) Havre de Grace, Md. H. M.			~ Mit	chill	24. Was disease or Injury in any way related to occupation of dacaased If so, specify	
20,	FILED afer.	11,1932-04		Duocesso Cep. Registrar. address State Registrar,	(Signad) F. E. LESLIE Med.Off (Address) Veterans! Administra	tion Hosp

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	The state of	Example II	
The principal cause of death and related can of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1.915	all okenf cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	IN A FE	Treat Man	
Other contributory causes of importance:	September 100 distribution of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Ccrebral hemorrhage	BUPKAU V. S	July 5,1927	Peritonitis	3 days ago
	and the second s	rest Park		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County (82)	Registration Dist. No. 92
Village or City Elkton No.	St., Ward
Length of residence in city or town where death occurredyrsmosds. How long	In U.S. if of foreign blrth?
2. FULL NAME Harry Robert Boulden	
(a) Residence: No. / (Usual place of abode)	f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDI	ICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 21. DATE OF D	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. 1 HE	REBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Jan 9 1860 Hast saw h a	., 19, to
7. AGE Years Months Days If LESS than to have occurred on the	se date stated above, at 2,30 p.m. SE OF DEATH and related causes of Importance
3. Trade, profession, or particular kind of work done, as SPINNER, Saleswar Cerebia, SAWYER, BOOKKEEPER, etc.	Papopleny 4/15/37
9. Industry or business in which work was done, es SILK MILL, Automobile SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) occupation	hvestigation
12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town)	bees of Importance: Grafes, ordner,
13. NAME Robert Boxelden	
(State or country)	Date of
15. MAIDEN NAME To information 23. If death was due to	external causes (VIOL ENCE) fill In also the following:
722-1	omicide?, 19,
(1) B	(Specify city or town, county and Stale) coccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place North East not Date The 18, 1932 Nature of injury Nature of injury	
21110.	iry in any way related to occupation of deceased?
20. FILED IN 18, 1932 Saul Tay (Signed) F.	mary of the Mary M. I

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Example I		Example II	
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Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage MAY 4 1932	July 5,1927	Peritonitis	3 days ago
BURSAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINI	WANTE PLAIN, WITH UNFADING INK-THIS IS A PER	N. BEvery langer of information should be carefully supplied. ACE chouncilly School State CAUSE CF DEATH in plain terms so that it in
	NEET NEET	N. BEvery Item

V. S. No. 1

	00001)
PLACE OF DEATH	STATE OF MARYLAND
County Coccl	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Elkton (No. Lenion &	lash tal
2FULL NAME Elizabeth By	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Temale Black MARRIED, Single OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
an 3 1884	3/1/ 193.2 to fill 193.2
(Math) (Day) (Year)	that I last/saw h halive on or fail if he, 192 des
7 AGE / IfLESS than	and that death occurred on the date stated above, at \$.35 A.m.
47 yrs. 8 mos. 15 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or particular kind of work	Jan
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE	Contributory Pulmony T.
Clo (ech MO)	de.
10 NAME OF FATHER	(Signed) Jacob My Shureld M. D.
11 BIRTHPLACE TOUGH WILLIAM	192 /Address)
(State or country) Calle Nech Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) & lb Neils Med	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Harry Brisco	Former or usual residence North East ml.
4 1+ 0 DIO.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) OOU Cast // WM	A Marks Elbhul md april 1932
15 Filed apr 20. 19832 Shaws frages	20 UNDERTAKER ADDRESS
Registrai	Joseph Rohant north East Md
If more banks are needed, addre.s Ltate Kegistrar	, 18 W. Sarayoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more record minc, etc. laborer, Farm laborer, Laborer—Coal minc, etc. Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Grocery; Wom-

s. inal menin_itis"); Diphtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic ccrebroed term for the same dise_se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept; EASE CAUSING DEATH (the primary affection with respect preumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "E haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as "Congenital," "Scnile," etc.), "Drcpsy,"
> "Heart failure," "Haemorrhage," Chronic valvular heart disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

permanently filed.

		00001
15 /	1PLACE OF DEATH	STATE OF MARYLAND
Ysi xac	. /	
I W	County Cecils	CERTIFICATE OF DEATH
7.0		Registration Dist. No. 75
ORD XACTLY, P classified.	Village or City Row Lundal (No.	St: Ward) (If death occurred in
RECORD ad EXACT erly class rtificate.	0 to 0	tion, give its NAME in stead of street and number.)
\O m > 5	2 FULL NAME Shiphen & Ca	lawll number.)
T RE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z to do	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 1 1/32
be ok	2 0 TO WIDOWED.	(192, 192
ERMA hould t may on ba	male (Write the word) (Write the word)	(Month) (Day) (Year)
0 + 5 E	6 DATE OF BIRTH	192 to 192 , 192, 192
ns at	(Month) (Day) (Year)	that I last saw hart alive on Off 2.6 , 1573
S A S A the	7 AGE [If LESS than	-//
	1 dayhrs.	
HIS HIS ms nstr	5-9 yrs. 6 mos. 6 ds. or min.	
T de la ser	B OCCUPATION OL	charalesses Utt. sice
Se Se	(a) Trade, profession or stone mason	Tell Harrel-
IG INI efully in plal tant.	(b) General nature of industry	
refin in Italian	business, or establishment in which employed or (employer)	(Duration) Via Wrong Mos da
Car	9 BIRTHPLACE	Contributory Secondary
FAI be EAT	(State or country) Maryland	(Durstian) yrs mos ds
ZOOZ	1D NAME OF U DOCAD, A 1 . OO	(Signed) M.D.
H U	FATHER TELO VV. Caldwill	and all Address 49 rulantilly)
- C	U 11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in death From
WI. WI.	Z (State or country) Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A TICK	of MOTHER MANAGE A. B.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
T tou	13 BIRTHPLACE	ients or Recent Residents)
Info	OF MOTHER	At place In the State yrs mos ds.
7 20	(State or Country)	Where was disease contracted, if not at place of death?
m o houl	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
e she	(Informant) Bessil C. Kwng.	usual residence
N W W	Produce diallowed	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
WRIT Every Item CIANS sh statement	(Address) rowwww.	Mammage hoper Md) your of 9 198
S C S S S S S S S S S S S S S S S S S S	15 File War 7 8 = 192 82	20 UNDERTABER Resing dun M
m m	LANT While Registrar	J. G. Oyson.
Ż	If more branks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
6	commendant -10 1102	

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, laborer, Farm laborer, Loborer-Coal mine, etc. wom-en at home, who are engaged in the duties of the er, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm luborer, (b) Cotton mill; (a) Salesman. that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation Loborer-Coal mine, etc. Wom-Locomolire engineer, As examples: (a) (6) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal' fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhcid fever (never report "Typhcid Pneumonia"); Lobar meanmonia, Bronchopneumonia ("Pneumonia,")

Medanus) may be stated under the head of "contributory." inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, rarbolic acid-probably sucide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal coudi cough; or intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	947
County Leevel	Registration Dist. No.
Village or City Elklow, mid	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
51	0—
(a) Residence: No. 359 west mail	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Westerd	(Month) (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) MISSEST Clima Colle	22. I HEREBY CERTIFY, That t attanded decassed from 26, 1932, to Office 29, 1932
6. DATE OF BIRTH (month, day, and variety) 12 - 1870	I last saw h imalive on afree 26 , 1932 ; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 42 - m.
62 \$ 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, hatever	angua pertoris Ope 24
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacasad last worked at this occupation (month and spent in this spent in this	
11. Total time (years) this occupation (month and yoar)	
12. BIRTHPLACE (city or town) Urguia (State or country)	Other Contributory Causes of Importance:
13. NAME Benton Cortz	
E	
14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy? No
E 15. MAIOEN NAME	23. If death was due to external causes (VtOL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Sufamulation	Accident, suicide, or homicide? Date of Injury
State or country)	Whare did injury occur?
17. INFORMANT Nobell Corts (Address) Kellein, Fred	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Cherry Itil Date May 2 , 1832	Natura of injury
19. UNDERTAKER (1,). Celecrosthy	24. Was diseaso or Injury in any way related to occupation of deceasad?
20. FILEO Com 127, 1932 Land France	(Signad) A. D. Morrison M. D.
If more blanks are needed, address Seas Position	(Address)

B.—WRITE

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis BURAAU V.	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Exampl	e I		Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis r =	BIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	9	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4 1932	July 5, 1927	Peritonitis	3 days ago
BUER	AU V.S.			
Other contributory causes of im	portance:	÷	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	i.i	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V. S.	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING RESERVED ARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborerworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and ehildren, not gainfully em--Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL Septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," ctc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosts of lungs, men-Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Always qualify all "Coma," (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation

V. S. No. 1

should state OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH		-	(NS)
	County Cec11			Registration Dist. No. 96
			(16	talko. Perry Point Md. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 27 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
	2. FULL NAME CULLUM	Forbes		
	(a) Residence: No. Catheri	ne Lake,	N. C. R. F.	D. St., 1. Ward. If nonresident give city or town and State
200	PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	. SEX Male 4. COLOR OR RACE white	5. SINGLE, MAI OR DIVORCI marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 14 1932. (Month) (Day) (Year)
	a. If married, widowed, or divorced HUSBAND of (or) WHPE of Mrs. Lucy H			22. I HEREBY CERTIFY, That I attended deceased from May 17 ,19 31 to April 14 ,1932.
	. DATE OF BIRTH (month, day, and year) & AGE Years Months 8	Days	8 9 6 It LESS than 1 day, hrs. or min.	I last saw h im alive on April .14 , 19.32 · ; death is said to have occurred on the data stated above, at 5:00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Sp8	er time (years) ent in this upation	Strangulation, solf inddeed. Date of onset 4-14-32 Strangulation, solf inddeed. Juntary
13	2. BIRTHPLACE (city or town) Ons (State or country)	low Co.,	M.C.	Other Coutributory Causes of Importance: Dementia Praecox, He be phrenic type pronounced 6-5-31
E	13. NAME Charles	Cullum		
FATHER	14. BIRTHPLACE (city or town) Un (State or country)	known		Name of operation Data of What tast confirmed diagnosis? Was there an aulopsy?
ER	15. MAIDEN NAME Annie S	andl in		23. If death was dua to external causes (VIOLENCE) fill In also the following:
MOTHER	(State of County)			Accident, suicide, or homicide? Suicide Date of injury 4-14-, 1932 Where did injury occur? Yeterans' Hospital Perry Poin (Specify city or town, county and State)
-	7. INFORMANT. Hospital Reco (Address) Perry Poin	t, Md.		Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE. In hospital.
18	8. BURIAL, CREMATION, OR REMOVAL Place Jacks onville, N	Con Ann	il 17 19 32.	Manner of Injury Hanging.
19	9. UNDERTAKER R. MAD ISON MI	PGHELL, Grace, M	dell	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
21	0. FILED apr. 14, 1932 Clea	rles w 70	Roccustra.	(Signed) F. B. IESLIE, ledical Officer in M.D. (Address) C. R. F. Parry Point W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
0,			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No

Vil	llage or Cit	, Clki	Con_	(No	Unio
	²FU	LL NAME C	inn	a A	ave
	PERSO	NAL AND ST	TATISTIC	AL PARTIC	CULARS
1	enale	Whit	4	SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	Marrie ED ord)
6 1	DATE OF BIF	етн .			
		JANOA	(Month)	2/ (Day)	, 1883 (Year
7 /	AGE				If LESS th
(a) Trade, pr	ofession or	3_m	os. 24	ds. ormi
() b	occupation (a) I rade, proparticular kind (b) General notations, or e	ofession or and of work ature of industrablishment in red or (employe	otry n er)	Vouse	work
() b	occupation (a) Trade, proporticular kinds) General mousiness, or ewhich employ	ofession or dof work	ner)	Vouse	work
STN S E	DOCCUPATION a) Trade, proportion of the proporti	ofession or dof work attree of industrablishment in red or (employed untry)	ner)	Vouse lvan	work
9 6	DOCCUPATION a) Trade, proportion of the proporti	ofession or dof work attree of indus stablishment in red or (employed untry)	nsy Tra	Vouse lvan	work and to
ARENTS 6	Trade, proposed to the control of th	ofession or dof work attree of indus stablishment in red or (employed untry) OF HER NAME HER MA LACE	nsy Trainted	Vouse lvan ah	hand to

PLACE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Cronic Choleyste (Duration) Contributory Secondary192___ (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) State. Where was disease contracted. t not at place of dea h?.. Former or usual residence RIAL OR REMOVAL DATE OF BURIAL O UNDERTAKER ADDRES If more banks are needed, addre. s Late Negistrar 13 W. Saratoga Salto Lequesting V. S. Ivo. 1.

Registration Dist. No.

(Approved by U. S. Census and American Fublic Health Association.)

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American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

See instructions on back of

important.

TION is CAUSE mation

should state item of infor-

PHYSICIANS

of occurry

STATE OF MARYLAND-CERTIFICATE OF DEATH

04004

1. PLACE OF DEATH	989
County_Cail	Registration Dist. No. 94
Village or City yorth East	NoSt.,Ward
(II Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How lnng in U.S. if of foreign birth?mosds.
2. FULL NAME Elizabeth & Dunk	lap
(a) Residence: No.	St., Ward. If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 18 (Day) , 193 (Year)
5a. ff married, widowed, or divorced HUSBAND of (or) WIFE of John Doubles 6. DATE OF BIRTH (month, day, and year) 13 184/ 7. AGE Years Months Days If LESS than 1 day. hrs.	22. THEREBY CERTIFY That I attended deceased from 24, 1932 to apr 18, 1932 I last saw has elive on apr 17, 1932 death is said to have occurred on the date stated above, at 4 Pm.
90 S Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of one of 3-283:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Sucho Co (State or country)	Other Contributory Causes of importance:
II 13. NAME Samuel Goodnous	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOLENCE) fill in also the foffowing:
16. BIRTHPLACE (city or town) Noulleast (State or country) and	Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR-REMOVAL Resplece Total Cast M. d. Date Opt. 22, 19.57	Manner of injury
19. UNDERTAKER Joseph R. Frank (Address) had been been been been been been been bee	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed)
20. FILED 4- 17- 37.19. To W. Quellus Registrar.	(Address) Narth East Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUEZIAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN
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item of inforshould state ACCUPA-

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Exact statement

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

certificate.

DEATH in plain terms, so that it may be

d be carefully supplied.

See instructions on back of

TION is very important.

CAUSE OF

N. B.—WRIDE mation

STATE OF MARYLAND-CERTIFICATE OF DEATH MADOS

1. PLACE OF DEATH	970
County Ceal	Registration Dist. No. 23
Village or City Orovidence	NoSt.,Ward
Langth of rasidenca in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Feehly	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Timal White Uidowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That t attended deceased from
mergore cleany	Feb / 19 3 R. to how 2 ghiy / 19 3 2
6. DATE OF BIRTH (month, day, and year) July 9 864 7. AGE Yaars Months Days If LESS than	I last saw h. A. eliva on
67 8 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wara as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Valoular derion of the
SAW MILL, BANK, etc	hear.
this occupation (month and spont in this occupation occupation	
12. BIRTHPLACE (city or town) Near Cherry bill	Other Contributory Causes of importanca:
(State or country)	acute indigestion
13. NAME John Hearn	
14. BIRTHPLACE (city or town)	Name of oparetion
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOLENCE) filt in also tha following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
17. INFORMANT Dorog Feehly (Address) I choken had	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Celebra Centery Data april 5 1932	Netura of injury
19. UNDERTAKER Dorech of Least	24. Was disease or Injury In eny way releted to occupation of deceesed? ho
(Address In orth East, hid	If so, specify
20, FILED april / 1932 Q8, Grant	(Signad) JJ J Letro M. D.
Registrar.	(Address) Christiana Del

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

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PLACE OF DEATH	STATE OF MAR
County Col	CERTIFICATE OF
	Registration Dist, N
Village or City Eleton (No. Cinio	11 11 1
2FULL NAME John Ferguse	ward) a ho
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, JINGLE	16 DATE OF DEATH
MALE BLACK WIDOWED. OR DIVORCED (Write the word)	(Month) (Du
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended
MAV 19 1979	H-15 1983210 4/1
(Month) (Day) (Year)	that I last saw banalive on 4/2
7 AGE If LESS than	, and the state of a state of the state of t
5 2 yrs. 1) mos. 8 ds. or min.	V //
B OCCUPATION	William Control
(a) I rade, profession or particular kind of work	The Dunce
(b) General nature of industry	***************************************
business, or eatablishment in which employed or (employer)	(Duration)yra
9 BIRTHPLACE (State or country)	Contributory
VIKGINIA	(Dyration) yrs
10 NAME OF FATHER	(Signed) All Novelo
() II BIRTHPLACE	4/26 1923 24Address Clay
C (State or country)	*State the l'is ase Causing Death, or, in Violent Causes, state (1) Meana of injury an
D: 12 MAILEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER CATHERINE DROWN	13 Lingth OF RISIDENCE (For Mospitals, In
13 BIRTHPLACE	At place in the
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) UNION HOSPITAL	usual res.dence
(Address) (RECORD)	Come to Burid Com de Com
15 6 6 7 7 7 7	20 UNDERTAKER KODE
Filed grange 19832 f. Boccels Registration	M. Pippini Ols
If more blanks are needed, addre.s Ltate Negistra	r, 18 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2	1 Nopitalst: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	25, 19:32
	17 I HEREBY CERTIFY, That I atte	(Day) (Year)
	that I last saw benalive on 4	/25 192
	and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	e
	Aunl	rafe.
	(Duration) Contributory Secondary (Diration) (Signed) (Signed) (Address	yrs mos ds.
	*State the I is ase Causing Death, Violent Causes, state (1) Meana of Inju Accidental, Suicidal or Homicidal.	or, in deaths from and (2) Whether
-	13 LLNGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans-
	At place of death	East de.
	Former or esual residence	٤,
	County Burns Com da	Cepr 29, 1932
1	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer—Coal minc, etc. Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stotionory firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.eh and every person, irrespective cf eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Doy Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E.haustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E.haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart diseose; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of course of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I .		Example II	
	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1 3 1934	July 5,1927	Peritonitis	3 days ago
	BURNAU V.S	1		
Other contributory cau			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04008
1. PLACE OF DEATH	75
County Cecil	Registration Dist. No.
Village or City north East	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME William J. Hall	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) 193 (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 20.1932 to apr 21.1932
6. DATE OF BIRTH (month, day, and year) Legg 23 18 75	I last saw him alive on apr 21 ,1932 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
5-6 6 28 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute alcohalism
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) North East	Other Contributory Causes of importanca:
(State or country)	
13. NAME Thomas Hall	,
14. BIRTHPLACE (city or town) North East	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? Plan
15. MAIOEN NAME Collere of Cass 16. BIRTHPLACE (city or town) Chesqual City (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Chesques City	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Hary Hall (Address) Wind Feet Vig	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place noah Cast M Elen Oate Upr 24, 1932	Natura of injury.
19. UNDERTAKER JOSeph R. Frank (Address) Torth East New	24. Was disease or injury In any way related to occupation of deceased?
20. FILED # - 23-32, 19 Leo LV. 'Quesso Registrar.	(Signed) A Jack Est M. P. (Address) March Est March
a a	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM ENT RECORD.

N. B.--Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING
I UNFADING INK--THIS IS A PERMENT RECORD. V & No.1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 944
Village of City City VINO.	St.: Ward) (If death occurred in a hospital or institution, give Its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 PEX A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 // , 193 2 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 4 , 1920 that I last saw h alive on 4 , 1920 2
7 AGE 6 6 yrs. // mos. 5 ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER RICHARD TELES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed). # 12 2 (Address Sum M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Charth and Williams 13 BIRTHPLACE OF MOTHER (State or Country) Control of Mother Country)	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mus Chas. Thompson	Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) North East P. D. M. M. Filed 4-13-32 192 Leo W. Quens Revistra	Asselvante lonety Calvert appress
	r, 16 W. Baratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Former or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cl Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Diphtheria (avoid use of "Croup"); Symbolic fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perulonilis," etc. idanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be streed unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart diseose; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	04010
1. PLACE OF DEATH		46)	27
County Ce Ce		Registration Dist. No.	90
Village or City Leasan	r)till	No. death occurred in a hospital or institution, give its NAME instead of si	St., Ward
Length of residence in city or town where death		death occurred in a normal of institution, give its INAMYE instead of significant description of the state of	
2. FULL NAME Same a	man Hards	100	
(a) Residence: No.		St Ward.	
(a) hosidonos. No.	(Usual place of abode)	If nonresident give city or	town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Femal white 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, t93 2 (Year)
5a. II married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY, That I	attended despessed from
(or) WIFE of Henry Henry	derson	March 19 1032 10 april	5 1932
6. DATE OF BIRTH (month, day, and year)	2 1259	, , , , , , , , , , , , , , , , , , , ,	1932; death is said
7. AGE Years Months	Days II LESS than	to have occurred on the date stated above, at 3 2m.	
72 3	28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importe were es lollows;	
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Lonsewife	Carcinoma of stornas	le Hot Run
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	J		
10. Date deceased last worked at this occupation (month and year)	II. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town). Please (State or country)	aur Xill	Other Contributory Causes of importance:	
	tul.		
13. NAME JOHN STATE OF THE STAT	aur Hill	Name of operation	Date of
(State or country)	d	10	there en autopsy? Ho
15. MAIDEN NAME Sarah	Creawell	23. If death wes due to axternal causes (VIOLENCE) fill in also the	
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town). Dear	ant Hill	Accident, suicide, or homicide? Oate of injur	y, 19
(State or country)	d	Where did injury occur?	10
17. INFORMANT) francy Hund (Address)	wenn	(Specify city or town, county Specify whether injury occurred in INOUSTRY, in HOME, or in PU	y and State) IBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Line M. E. Combe .	Date april 8 19 3:	Nature of injury	
19. UNDERTAKER TOUGH OF The	and ma	24. Wes disease or injury in any way releted to occupation of the	ased? Ho
20. FILE BY 7 , 1927 7 20	Registrar.	(Signed) A. Morrison (Address) Elklore 1998	4 M. I
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
		Attack of epilepsy	1 week ago	
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BURSA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE ULAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(F-a)
County Class	Registration Dist. No.
Village or City New Ellston	No. St., Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	1.1.
2. FULL NAME (Revarince ()	1002011
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
OR DIVORCED (zwice the	(Month) (Day) (Yasi)
5a. If married, widowed, or divorced	/(Month) (Day) (Taar)
HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY, That I attagded deceased from
Jen. 1. Around	3 - 2 J - 1952, to 4 - /- 1953
6. DATE OF BIRTH (month, day, and year) Cury 19-18	I last saw h alive on 4, 1932; death is st
	SS than to have occurred on the date stated above, at 2.3 0/Am.
83 1 T 8 01	the I KINCH WE CHOSE OF DEWILL and related canges of importance
Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	prototolist - 3-2
work was dona, as SILK MILL, SAW MILL, BANK, etc.	22
O To: Data deceased last worked at 11, Total time (years)	
this occupation (month and spent in this occupation occupation	
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Λ /
E 13. NAME Jolen m. Bell	and the state of t
E	Name af operation. Date of
(State or country)	Name of operation. What test confirmed diagnosis? Name Was there an autopsy? Ay
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	
7	(Specify city or lown, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Managed in lumi
7 1 1	, 193-1 Nature of injury
To the same of the	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess)	If so, specify
11-9- 22 the 11 hours	(Signed) F. B. Hist. M
20, FILED 7. 19 Product of the R.	egistrar. (Address) Australia Gel
If more blanks are needed, address State	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal caus of importance were Arterioselerosis	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 4 1932	July 5,1927	Peritonitis	3 days ago	
	BURFAU V. S.				
Other centributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

MARGIN RESERVED FOR BINDING

S.P.AINLY,

ż

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe AGE should CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-2
County Ceril	Registration Dist. No. 94
Village or City north Cash	No. St., Ward
Length of residence in city or town where daath occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Samuel Jones	
(a) Residence: No. (Usua/place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male (u lite S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 21 (Dey) 193 2 (Year)
5a. It married, widowad, or divorced HUSBANO of (or) WIFE of Ones. V. Jones	22. 3 HEREBY CERTIFY That I attended deceased from 21, 1932
6. DATE OF BIRTH (month, day, and year) Jan 2 8 18 49	I last saw have elive on Up 21, 1932 death is seid
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
83 2 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows: Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata dacaasad last worked at this occupation (month and seem).	acute Pulmanary 4.19.32
9. Industry or business in which work was done, as SILK MILL,	0 +
SAW MILL, BANK, etc.	Congestion
10. Oata dacaasad last worked at this occupation (month and year) spent in this occupation	J
n A S 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / outh wast (State or country) manufact	E 1 + 1 + 1
and the state of t	Grasemanis 20, 25.3
E (/2 7/8 .	Non- of annulia
14. BIRTHPLACE (city or town) (State or country)	Nama of oparetion
- Company	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Ŧ.	Accidant, suicida, or homicida?
(State or country)	Where did injury occur?
17. INFORMANT Dessie Demond	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) North East Mariland	
18. BURIAL, CREMATION, OR REMOVAL Place North Eart, Md Oate yor 25 1932	Mannar of Injury
19 UNDERTAKER Joseph R Lant	24. Wes disease or Injury in any way ralated to occupation of daceased?
(Addrass) horth Each Ma	if so, specify
1 - 213 22 4 0.50	(Signad) Aleer M.D.
20. FILEO. 4. 19 Registrar.	(Addrass) North East my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 3 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should be stated EXACTLY, PHYSI-RECORD terms so that ACE K supplied. WITH UNFADING INK--THIS Every item of information should be carefully signal CIANS should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. So

BIND

FOR

MARGIN RESERVED

of certificate.

See Instructions on back

PLACE	OF	DEATH
	~	

STATE OF MARYLAND

County	Cecil				CERTIFICATE	OF DEATH
				(131)	Registration	Dist. No. 92
	y Childs				St.: Ward	
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 sex Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	yes d)			, 192 32(Day)(Year)
6 DATE OF BII	RTH			17 I HEREBY	CERTIFY, That I att	ended the deceased from
	October	12th,	, 1853 (Year)			il 10th ,192, 10th, ,1932,
7 AGE	78 yrs. 5	30	If LESS than	and that death occur	rred on the date stated	l above, at
(b) General r business, or c				Contributory Secondary	***************************************	
10 NAME (OF			(Signed) WH. M.	KAMA June	
OF FATE (State of	LACE	Maryland			(Address) Electronic Disease Causing Death, tate (1) Means of In or Homicidal.	
12 MAIDER	NAME HER Eliz	abeth Par	11,	18 LENGTH OF RE	SIDENCE (For Hospi	tals, Institutions, Trans-
	HER ME r Country)	ryland.		ients or Recent Re At place of death yrs 4 Where was disease cont	noads. In the	all his life
	IS TRUE TO THE BEST		LEDGE		orth East Md. R	
(Informan	lress) NOI	eph Grant th East, 1	/d.	19 PLACE OF BURIA	L OR REMOVAL	Apr 13th
10/1/	12 19237	1/)	Hayer Regletrar	Mr. Joseph Gra	ph. R. Frank	North East, wo

If more bianks are needed, address State/Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (ref or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Colton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation, (b) Automobile factory. The materia. -Coal mine, etc. Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

". "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train— FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(C) + 3 +	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	(JS8) U4U14
M onld	County Cecil	Registration Dist. No. 95
of Good	Village or City Rowlandville, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	Length of residence in city or town where death occurred	
Ever	2. FULL NAME B ertha maie Les	vis.
/	(a) Residence: No. a pulandville, m	d St. Ward.
- 6 H	(Usual place of abode)	If nonresident give city or town and State
RECC PF. PF.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
No.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
9 5 2 7	5a. If married, widowed, or divorced HUSBANO of	
BINDING PERMANEN EXACT y classified te.	(or) WIFE of	22. I HEREBY CERTIFY. That I ettanded deceased from
	6. DATE OF BIRTH (month, day, and year) man 1 1932	Hart saw h & alive on Ol ~ 1 19 32 dath is seid
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at _8
FOR IS A stated proper	1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8 Trade profession or particular	Oate of onset
ED HIS	SAWYER, BOOKKEEPER, atc.	//alnumlin
SERVI VK-T should it may n back	9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.	1
SE SHE I	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (month and spant in this	
RES I AGE that that	year) occupation	Other Contributory Causes of importence:
2 4	12. BIRTHPLACE (city or town) Raulandully Md	
	(State er country) Cecil Co.	
	13. NAME Leslie W. Lewis. 14. BIRTHPLACE (city or town). Niginia.	
Se in Si	14. BIRTHPLACE (city or town)	Nama of operation Dete of Dete
HA S		What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
9 8	15. MAIOEN NAME Peleoca C. Styer. 16. BIRTHPLACE (city or town) Pennsylvania (State or country)	
AINLY, Id be cal DEATH y import	State ar country)	Where did injury occur?
d be DEA'	17. INFORMANT Relacea & Louis	(Specify city or town, county and State) Specify whether injury occurrad In INOUSTRY, In HOME, or In PUBLIC PLACE.
Should OF DH	(Addrass) Rombondiell Md	• • • • • • • • • • • • • • • • • • • •
四 二 图 语	18. BURIAL, CREMATION, OR REMOVAL Place Harmony Chales Date april 18, 1932	Mannar of Injury
-WRITE mation si	A A	Nature of injury
ma CA TIC	19. UNDERTAKER AND	24. Was disease or Injury In any wey related to decupetion of daceasad?
B.— B.—	1 Ol - 2 sh	If so, spacify (Signed) M. D.
(b) z	20. FURD. WY NAME AND Registrar.	(Address) A CAR OM (VIII II)
10	If more plant are newly, address Story Registrar,	2444 N. Charles Street, Baltimore, Requesting U. S. No. 1.
01	10001 100000000000000000000000000000000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

2

STATE OF MARYLAND-CERTIFICATE OF DEATH

61	A	11	1	1	
U	文	U	.1	5	

1. PLACE OF DEATH		93-0	
County buil		Registrat	ion Dist. No. 91
Village or City Chesapen Length of residence in city or town where death oc	V (II	No. death occurred in a hospital or institution, give its No.	St., Ward
2. FULL NAME arlings	on Lloya	4	
(a) Residence: No.	Javai place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
Male White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	(Day) , 193 2 (Year)
5a. It marriad, widowed, or divorced HUSBAND ot (or) WIFE ot Many Clinable 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 8. Trade, protession, or particular	16. 1865 Days It LESS than 1 day,	1 last saw h an alive on to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related were as tollows:	That Lattander despited from 19 3 2 ; death is said 5. 20/m causes of importance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9, Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and	11. Total time (years)	Chrone 2	younks.
12. BIRTHPLACE (city or town) (State or country) Beach forum	spent in this occupation	Other Contributory Causes of Importance:	
13. NAME John Lloyd 14. BIRTHPLACE (city or town) (State or country) May	gland	Name of operation	Date ot
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) (Address)	oyd Bita mas	23. If death was dua to axtarnal causes (VIOL ENC Accident, suicide, or homicide? Where did injury occur?(Specify ci Specity whether injury occurred in INDUSTRY, i	Date of Injury, 19
18. BURIAL, CREMATION, OR BEMOVAL Place Belleubenstony Date	CY 11- 00	Manner of Injury	
19. UNDERTAKER H. M. Pippin (Address) Water Md.	and Brawn	24. Was diseasa or Injury in any way related to o	ecupation of deceased?
	Registrar.	(Address)	for my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
37.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI

FOR

MARGIN RESERVED

should be stated EXACTL

PLACE	OF DEATH		S.
County	beeil		(S) CE
Village or City	Penyille (No.		s
2FU	LL NAME Still	Bir	the S
PERSO	NAL AND STATISTICAL PARTIC	ULARS	MEDICAL C
3 SEX Male	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	Single	16 DATE OF DEATH
6 DATE OF BIE	Chil 7 (Month) (Day)	1/32 (Year)	that I last saw h
7 AGE	Still buth	If LESS than I day hrs.	and that death occurred of
business, or o	establishment in yed or (employer)	4. 4	Contributory Secondary
10 NAME (FATHER) 11 BIRTHPOFFATI 2 (State of	Harry Cove	na,	(Signed) 1927 (Active to the Disease Violent Causes, state (Accidental, Suicidal or Ho
OF MOT 13 BIRTHF OF MOT (State of	HER Hannah Course HER Country) Berkley W	r Bud	IB LENGTH OF RESIDEN ients or Recent Resident At plece of deathyrs
(Informan	the state of the	ve_	if not et place of death? Former or usuel residence

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIAL

MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH Chil	7 , 1932
(Mont	h)(Day)(Year)
17 / I HEREBY CERTIFY, Th	at I attended the deceased from
apr. 7 1982.00	Upv 1 1, 132,
that I last saw h Waive with	loon 192
and that death occurred on the dat	950 6
and that death occurred on the dat	stated above, at
The CAUSE OF DEATH * was as fol	
	e Birth
/ nemalice	e Ruth
***************************************	. 0 00 0 0 0 0 0 0 0 0 0 0 0 0
(Durstio	n)yrsds.
Contributory	
(Duratio	on)yrsmosds.
(Signed) 4.7, Magra	M. D.
app. 8 1937 (Address L	M.D.
	Dooth or in deaths from
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trens-
ients or Recent Residents)	
At plece of deathyrsmosds.	In the Stateyrsmosds.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeanum as will laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature tetainus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-"Uraemia," "Weakness," etc., when a definite disease inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH



STATE OF MARYLAND

County Cecil	CERTIFICATE OF DEATH Registration Dist. No. 92
Village or City Elkton, Md. (No. //www.	Africal St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 16th, 192 32 (Month) (Day) (Year)
October 20th, 1858 (Month) (Day) (Year)	If HEREBY CERTIFY, That I attended the deceased from February 25th, 19232. to April 17th, 19232, that I last saw h er alive on April 17th, 19232.
7 AGE	and that death occurred on the date stated above, at 2:10 Pem, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Arterio sclerosis. Contributory Secondary Unknown. (Signed) (Duration) Unknown. (Duration) M. D.
OF FATHER (State or country) ROBERT Blackway, UNENDWY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Emily Newton, 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Unstitutions of deathyrsmosds. Unstitutions, Trunsfield for the Stateyrsmosds.
(Informant) Husfulal franch (Address) Use To the BEST OF MY KNOWLEDGE (Address) Tax Tax May No. (Address) Piled ON 17 19202 Dawn Day No. Registral If more banks are needed, address tate Registral	If not at place of deah? Former or usual pes dence Charlestown, Maryland, 19 PLACE OF BURIAL OF REMOVAL DAYE OF BURIAL OUNDERTAKER Pennigh Son. 10 DDRESS OF MORE Plantid Tanker

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Jactory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseer," etc., Without more record in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealto know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation person, irrespective cf Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); yihoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ictanus) may be stated under the head of "contributory." accident; · Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi: (secondar, or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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tem of	plnod	2000	
D. Every	SICIANS	atement o	
RECORI	Y. PHYS	Exact st	
MANENT	XACTL	classified.	
IS A PEF	stated E.	properly e	ertificate.
HIS	pe	þe	of o
NG INK-TI	mather fould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
H UNFADI	supplied.	in terms, so	See instruct
, WIT	refully	I in pla	tant.
AINLY	ld be ca	DEATE	y impor
1	HOL	OF	s ver
WELL	natiba	CAUSE	rion i

STATE OF MARYLAND—CERTIFICATE OF DEATH (14018)

:	I. PLACE OF DEATH	(E3)
	County Cecil	Registration Dist. No. 96
	Village or City Veterans Administration Hosp	i ta lo. Perry Point, Md. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	road I re VA Danding	s. 30 as. now long in 0.5. Il of foreign birting yrs mos as.
	2. FULL NAME MOSS, James M. XC-Pending	
	(a) Residence: No. Jefferson Apt. Roanoke, V (Usualplace of abode)	Jf nonresident give city or town and State
person	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Apr il 18 193 2. (Month) (Day) (Year)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY. That I attended deceased from August 22 , 19 30 , to April 18 , 19 32
	DATE OF BIRTH (month, day, and year) July 11, 1898	last saw h_im_aliva on April 18 19 32 death is said
	AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 10:58 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
OCCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, Clerk N.&W. Railway SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc	nranginged 1 1927
	O. Data deceased last worked at this occupation (month and year) BERTHPLACE (city or town) Roanoke, Va.	Other Contribulory Causes of importance:
~	(State or country)	
HE	13. NAME W. B. Moss,	
FATHER	14. BIRTHPLACE (city or town) Va.e (State or country)	Name of operation
œ	15. MAIDEN NAME Unknown	What test confirmed diagnosis? Serological Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or town)	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17	INFORMANT Hospital Records, (Address) Perry Point, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL Place Roan oke, Va. Date April 21,9 3	Manner of injury
19	UNDERTAKER R. MADISON-MITCH-LL;	24. Was disease or injury in any way related to occupation of daccased? NO
20	FILED CIPE. 19 Havre Degrace M. Morrisod Cop Registrar.	(Signed) E LESTIE Medical Officer in Charge, (Address) Charge facul Sud in Charge,
	If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
T WATER WATER				

TION is very important. See instructions on back of certificate.

B.—WINTE

V. S. No. 1

should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified.

1	/	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
	1. PLACE OF	'//		(B2)		' 1' B'

6-8	1000
BEALT.	013
16/200	THE REAL PROPERTY.

1. PLACE OF DEATH	(182)
County Cecil	Registration Dist. No. 92
Village or City Lown Tout	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Claude Jambon Pie	ree_
(a) Residence: No. 7 to and Jatnack Streets (Usual place of abode)	St., Ward. Wilming for DEl. If nonresident hive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOM OR RACE OR DIVORCED (write the word) Name OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Elsie Barkley Pierce	22. HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year) 24 1889	t last saw h ; daalh is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ?
42 5 1 day, hrs. or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Civil engineer SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at 4/27/37 This occupation (month and 4/27/37) Separating this	Body found suppended to the
work was done, as SILK MILLE. I have four de hemonis SAW MILL, BANK, etc	floor, head down in a 31/2 foot pit
this occupetion (month and 4/22/32 spent in this occupation occupation	brath probably due to suffolation.
12. BIRTHPLACE (city or town) Wilharington, DEL.	Other Contributory Causes of importence:
(State or country)	A p favorer
13. NAME John N. Pierce	I formey Frager,
	Name of operation
(Stata or country)	What tast confirmed diagnosis?
I 15. MAIDEN NAME Martha Laylor	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
[O] 16. BIRTHPLACE (city or lown)	Accident, suicide, or homicide? Accident. Date of injury 4/23, 1932
(Stata or country)	Where did injury occur? Hallywood Beach, Cell Co., Md. (Specify city or town, county and State)
17. INFORMANT Mrs. Eligabeth J. Daylis	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 502 W. 43 M. Wilmington Del. 18. BURIAL, CREMATION, OR REMOVAL Riverview Committees	Manner of Injury tall they trap-down in floor.
Place Wilmington, Del Dete april 27 1932	Natura of Injury Suffacation
19. UNOERTAKER A	24. Was diseasa or Injury In any way related to occupation of deceased? No
(Address) Elkture 2nd	If so, specify
20. FILED apr. 25, 122 J. F. Frazer	(Signed)M. 0.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
BURLAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	WRITE PLAINE, WITH UNFADING INK-THIS IS A PERM. JENT RECO	Every Item of Information should be carefully supplied. ACE should be stated EXA CIANS should state CAUSE CF DEATH in plain terms so that it may be properly of statement of OCCUPATION is very important. See instructions on back of certificat
6	Z	state prope
SING). E	ld be ay be
BIN	PER	t it m
10 R	IS A	ACE than
ED	LHIS	rms . Instru
SERV	NK	ly sup ain te
MARGIN RESERVED FOR BINDING	NG I	reful In pi
NO.N	FADI	EAT
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	WIT	AUSE ION
1	NE	orma
	PLAI	of int
	RITE	item i shor
	*	Every CIANS staten
		m ~ m

PLACE OF DEATH STATE OF MARYLAN CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is Village or City Ward) stend of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RAGE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month)(Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: de or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) (Address) 11 BIRTHPLAC OF FATHER *State the I is ase Causing Death, or, in RENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. deaths from a (State or country) 12 MAIDEN NAM 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death (State or Country) Where was disease contracted. if not at place of dea h?.. 14 THE ABOVE IS TRUE TO Former or usual res.dence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Filed If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Flanker, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinosfever (the only definite synonym is "Epidemia cerebrospinosis inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Tophoid fever (never report "Typhoid Pneumonia," Typhoid Pneumonia, Bronchopneumonia ("Pneumonia," Typhoid Pneumonia, Bronchopneumonia ("Pneumonia," Pneumonia, Pne

Approved by Committee on Nomenclature of the American Medical Association.) tctanus) may be stated under the head of "contributory." "(E:haustion," "Heart failure, Liaeutoniuse, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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should ent of

PLACE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is steed of street and number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and thet deeth occurred on the dete stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? mos. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondery (State or country) 10 NAME OF (Signed) (Address) 11 BIRTHPLACE NTS OF FATHER Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. List Or. 12 MAIDEN NAME 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-K OF MOTHER 0 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or Country) Where was disease contracted, if not at plece of dea h? .. usual res.dence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) , 19..... ADDRESS Registral

If more banks are needed, addre s tate Negistrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeanous constraints laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

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"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shook,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic valvular heart disease; etc. The contributory Nomenclature of the

III this certificate is looked over thoroughly and all qu stions are mercial detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	F DEATH			(23)	
County Cecil				Registration Dist. No. 96	
Village or Length of re	City Ve te rans • A	dministra	tion Hospi 3 yrs 9 mos	ta 190. Perry Point, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and s. 23 ds. How long in U.S. if of foreign birth? yrs. m	Ward number)
2. FULL NA	ME REMICK,	Maxmil:	lian	XC-1 366 288	
(a) Reside	nce: No. 454	South 60 th	n St., Phi	1a-st., Pa. Ward. If nonresident give city or town and	State
PERSO	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX ma. 10	4. COLOR OR RACE	s. SINGLE, MARK OR DIVORCED Sin	(write the word)	21. DATE OF DEATH Apr il 23 (Month) (Day)	, 193 2 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Single			22. I HEREBY CERTIFY. That I ettended June 30 19 28 to April 23	deceased from
6. DATE OF BIRTH	(month, day, and year)	October 1	2, 1892.	l lest saw h im alive on April 23 19 32	
7. AGE Ye	Months 6	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 2 45 A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
kind of	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Salesman		General Paralysis of the Insane,	Data of onset
9. Industry or work w SAW M 10. Date decea this occ	business in which as done, es SILK MILL, ILL, BANK, etcsed last worked at upation (month and		me (years) t in this petion	pronounced.	? 1921.
12. BIRTHPLACE (c) (State or co	eity or town) Phile	de lphia,		Other Contributory Causes of Importance:	•
I3. NAME	Herman Remic	k,			
	E (city or town) West	chester, I	Pa.	Neme of operation None Date of What test confirmed diagnosis? Serological Was there an	
1	The lone of some			23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLAC	15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Pennsyl vania. (State or country)			Accident, suicide, or homicide?	, 19
17. INFORMANT (Address)	Hospital R	ecords,		(Specify city or town, county and Stan Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
	tion, or removal	, ,	11,25,13,32	Manner of injury	
19. UNDERTAKER 3 (Address)	R. MADISON MIT	CHELL Grace M	de .	24. Was disease or Injury In any wey related to occupetion of deceased?	
20. FILED YOU	23 ,187 Char	les W. T	Mouseson Al Registrar.	(Signed) F. E. LESTIF POME . Officer 1	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes; name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Gallstones	May 1,1923	Gostroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAN PHY CERTIFICATE OF DEATH Registration Dist. No. EXACTLY iy classified if it is a to . certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED ay Write the word) (Month) 6 DATE OF BIRTH 17 HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... supplied. I day hrs. The CAUSE OF DEATH * Was as follows ds. or min.? ESERVE OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in .(Durstion) which employed or (employer) EATH impor Contributory MARGIN 9 BIRTHPLACE Secondery (State or country) D M F D ery 10 NAME OF (Signed) FATHER ho O 11 BIRTHELACE (O) OF FATHER RENT *State the I is ase Causing Death, or, in いった of information Violent Causes, state (1) Means of Injury and (2) Whether (State or country CAU Accidental, Suicidal or Homicidal. LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER etcte Ocu22 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or Country) 00 Where was disease contracted, houl if not at place of dea.h?. JO Every item CIANS sho statement item Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more banks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. I.

(If death occurred in a hospital or institution, give its NAME h stead of street and

deaths from

State.....yrs.....mos...

ADDRESS

DATE OF BURIAL

, 19.....

number.)

... (Day)

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Dinktheria (avoid use of "Croup"); sinal meningitis"); Dinktheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	72:00
County Cecil	Registration Dist. No.
Village or City Box Carillon	NoSt.,
	f death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city of town where death occurred	m
2. FULL NAME Agran O. Myllin	
(a) Residence: No. Chaelleria (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tremale White OR DIVORCED (write the word)	(Month) (Dat) (Y
a. II married, widowed for divorced	
HUSBAND of Cor) WIFE of Shelton	22. Ohr THEREBY CERTIFY, That I ettended decease
DATE OF BIRTH (mostly day and man) 9 / 5 9 / 19 5/-	Hast saw has alive on apr 3 1932: deat
DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4- 4.c.m.
76 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
2 Trade distancion or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Cerebral , a
9. Industry or business in which work was done as SILK MILL	Hemorrhoge 1
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	-
this occupation (month and spent in this year)	
, occupation	Other Contributory Causes of importanco:
2. BIRTHPLACE (city or town)	
13. NAME Walter Register	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Surgeme) Share	What test confirmed diagnosis?
AN HAIDER HAME	23. If death was due to externel causes (VIDLENCE) fill in also the Tollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
M. Mean Mastell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
7. INFORMANT (Address)	- Specific many security in industri, in industry of in poblic PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Piace Sceller Carrelate Date 5 , 1957	Neture of injury
INDESTANCE CONTRACTOR OF THE STATE OF THE ST	24. Was disease or injury in any way related to occupation of deceased? No
19. UNDERTAKER (Address)	il so, specify
4-6 32 Holland	(Signed)
20. FILED T. 19 Registrar.	(Address) Decelton

V. S. No. 1

item of infor-

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

AGE should be

carefully supplied.

ATH in plain terms, so that it may be

B.—WRITE mation sh

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

properly classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TORKAU V. S.	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		enteralización contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata del contrata de la contrata del contrata d		

ADDITIONAL	SDACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUE	ruk	FURTHER	STATEMENTS	DI	LHISICIAN

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04026
1. PLACE OF DEATH	- Ha
1. PLACE OF DEATH County Cill Control	Registration Dist. No. 92
	No. Usur Hospital St., Ward If death occurred in a hospital or institution, the its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Robert Walter Simple	200
(a) Residence: No. & Elbour P. S. (Usua Polace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	W LUEDED V CEDILEY THIS WAY
(or) WIFE of ~vo	22. I HEREBY CERTIFY, That I attended decrased from
6. DATE OF BIRTH (month, day, and year) June (1 1925	t last saw h. The alive on all 1-, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 9 21 1 day, hrs	
8 Trade profession or particular	were as follows: Influenza Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked et this occupation (wonth and	
SAW MILL, BANK, etc.	
0. Oata deceased last worked et this occupation (month and year) spant in this occupation.	
F 00 L P 19	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Country (State or country)	Joban Preum oring
A	- July oug
13. NAME Walter) . Surpris 14. BIRTHPLACE (city or town) wah Car h	Name of operation Dato of
(State or country) Manyland	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME may Colona Stewart	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME many Colona Stewart 16. BIRTHPLACE (city or town) routh Gast	Accident, suicide, or homicide?
(State or country) manylana	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walter (Simples (Address) Celeton P. D. And	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place nouth Cast Date Cepul 5- ,193	Natura of injury 3
19. UNDERTAKER TO SUPER TO Brank	24. Was disease or injury in any way related to occupation of deceased?
(Address) Morth East, Ma	If so, spacify
20. FILE Pro 4, 1932 for passe Days	(Signed) M. O.
Registrati.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	٠,
Gollstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf eupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemi scerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> "(E:haustion," "Heart lauure, "Shock, "Shock, "Old Age," "Shock, "hear a definite disease (secondar) or intercurrent) affection need not be st.-ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.: Y State cause for which surgical operation was under-Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as 'Congenital,' "Senile," etc.), "Drepsy,"
> ," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

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WRITE PL

1PLACE OF DEATH	STATE OF MARYLA
County Certil	CERTIFICATE OF DE
1	Registration Dist. No.
Village or City Warnish Micho.	ne a sale
vinage or City / January 100.	St: Ward) (If d-ath a hospital tion, give
2 FULL NAME William Smith	stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	(Month) (Day)
march Tty 14 , 18 64	March 34 192 to April 18 7
(Month) (Day) (Year)	that I last saw he coulive on Afrall 8
7 AGE [If LESS than	
& 8 yrs. mos. ds. or min.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) and Hamp Bradfand 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Could Could's Secondary (Signed)
() 11 BIRTHPLACE	4/7 (Address) Willellen
C (State or country)	*State the Disease Causing Death, or, In de Violent Causes, state (1) Means of Injury and (2)
OF MOTHER	Accidental, Suicidal or Homicidal. 18 LUNGTH OF RUSIDENCE (For Hospitals, Institu
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. Stateyrs
(State or Country) The Share	Where was disease contracted,
(Informant) Herning Smith	Former or usual residence
	P - 1 - P
15 Filed Mr. 10 1958 Cowaw	Cercilion Centery april to 20 UNDERTAKER ADDRESS Sarral Domone modelle

STATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

16 DATE OF DEATH	4	8	, 1922
	(Month)	(Day)	(Year)
	RTIFY, That I		Meased from
that I last saw heckeli	ve on	Gall 8	1923 4
		T	0
and that death occurred			
The CAUSE OF DEATH *		· ·	
Jour	Lucu	mane	
		************	***************************************

C	(Dufation)	Aro. A	mosds.
	. 12	0'0'	
Contributory Q	unofas	mus	***************************************
- //	Q(Duration)	1-1	
	(Duraijon)	USU	mosds,
(Signed)	1. Ju	acc.	
4/9 (182,(A	ddress) Wee	Cellelon	whel
	Causing Deat	th on In d	atha farm
Violent Causes, state Accidental, Suicidal or He	(1) Means of	Injury and (2	2) Whether
Accidental, Suicidal or Ho	omicidal.		
18 LINGTH OF RESIDE		pitals, Institu	tions, Trans-
ients or Recent Resider			
At place of deathyrsmos	ds. In	the Stateyra	mosds.
Where was disesse contracted it not at place of dea h?		***************************************	••••••••••••••••••••••••••••••••••••••
Former or usual residence	***********************		**************************************
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL
Everilion Co	enter	april to	12. 1932
20 UNDERTAKER		ADDRESS	
c 0 1 -		m. 110	7

No 00

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospaul fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, tetapus) may be stated under the head of "contributory." Recommendations on statement of cause of death carbolic acid - probably suicide. The n-ture of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJULY

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V. S. No. 1

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95
ricate.	Village or City The County (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
Lec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CHIL 3, 1935 Z
d no suo	6 DATE OF BIRTH Submown, 1879 (Month) (Day) (Yesr)	that I set saw h solive on 1929.
instruction	7 AGE If LESS that I day hr. or min.	The CAUSE OF DEATH * was as follows:
Important, Sec	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos ds
N is very	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(Signed) — M. D *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OCCUPATIO	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
tatement of 0	(Informant) Mand. Brown (Address) Let Mulling Mand.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Apartmy Cemetry And 5, 19 3
18	If more blanks are needed, address State Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Aecidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronie Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

17. INFORMANT

19. UNDERTAKER

(Address) 18. BURIAL GREMATION OR

(Address)

infor-

should

STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEAT. County Registration Dist. No. Mevas Village or City / Ke No. _Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidance in city or town where death occurred ____ ____ds. How long in U.S. if of foreign birth? 2. FULL NAME ((a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) t Day) (Month) (Year) 5a. If marriad, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. 1932 SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation . year) Other Cantributary Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Was there an autopsy? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Hallace months human

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Begistrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state WITH UNFADING IMK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. be mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may B.—WRITH

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH A. (141131
1. PLACE OF DEATH	- 62-a) al
County County	Registration Dist. No.
Village or City rences turnale	No. St, Ward
Length of tesidence in city or town where death occurredyrsmo	If the ath occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of loreign birth?yrsmosds.
2. FULL NAME Caurallers	My.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. Il married, wldowed, or divorced HUSBAND of E Wcrysty (or) WIFE of E Wcrysty 13/80	1 HEREBY CERTIFY. That I ettended deceased from 1932, to 1835; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
47 4 6- 1 day, hrs.	THE TRINGIT AE CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or Country)	
13. NAME oxeful, Melley.	7/40
13. NAME Seffe V, MC ey . 14. BIRTHPLACE (city of town) (State or country) MC .	Name of operation
15. MAIDEN NAME Definite Tollinger 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Translation Fundace Md.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete el injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Margin Pelo Date Ofice 12/1932	Manner of Injury Neture of injury
19. UNDERTARER CLASSIFICATION OF THE CANADA CONTRACTOR OF THE CANADA CO	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)
Control of the Contro	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name-earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis W Y A 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhand URL ATT	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1933	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 : 4 :	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
21	County Leeul	Registration Dist. No. 95
Las RE	Village or City Blue ball.	No. St, Ward
1000		death occurred in a hospital or institution, give its NAME instead of street and number)
ND. Every YSICIANS statement	Length of residence in city or town where death occurredyrsmes	ds. How long In U.S. N of foreign birth?yrs mos ds
	2. FULL NAME / LUNGLY TENE /CC	us di
RD.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CORD. Every PHYSICIAN	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE	3.50 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5e. If married, widowed, or divorced	
BINDIN FERMAN EXAC y classifi	HUSBAND ot (or) WIFE ot	22. HEREBY CERTIFY, That I attended deceased from
BINI ERM. EXA	C DATE OF PIPTH (mostly day and mars Marsh 82 (832	I last saw h alive on 4/23 192 2 death is sain
BI PE PE		to have occurred on the date stated above, at 230 m.
FOR B IS A PF stated I properly	1 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Frade, protession, or particular	were as tellows: Date of onsat
HIS be be	8. Trade, protession, or particular kind ot work done, as SPINNER, CLC C	0+ - + + '
RESERVED G INK—THIS GE should be that it may be		Junaiice
SERV NK—T should it may	SAW MILL, BANK, etc.	
ES IN E	apolit in the second se	
IN REDING I AGE so that	12. BIRTHPLACE (city or town) (State og country) 13. NAME 13. NAME 14. Country	Other Contributory Causes of importance:
IN IN IN	(State og country)	
MARGIN ITH UNFADI Illy supplied. plain terms, so	13. NAMEN M. / Kushir	
Up up		Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITE refully in pla	15. MAIDEN NAME Dan Villean	23. If death was due to external causes (VIOLENCE) fill in also the following:
f, W arefu H in	15. MAIDEN NAME AUC THE COLL OF THE COLL O	Accident, suicide, or homicide? Date of injury, 19
INLY, be car EATH	(State or country)	Where did Injury occur?
PLAINLY, Would be carefu Of DEATH in	12 11/20011112	(Specify city or town, county and State) Specity whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
		Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER JAMES MASON	24. Wes diseese or injury in any way related to occupation of deceased?
No.	(Address) Disting June Md	If so, specify
N. B.— R. C.	20. FILED Dr. 25, 19 32	(Signed) M
9 4	Thun monaragin Registrar.	(Address) Any Dun Mu.
	If more blanks are newled, address State Registrar	N. Charles Street, Baltimore, Requesting U. S. No. 1.
	The details and the second	

UNITED STATES STANDARD CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis *	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 Bulleting			
Other contributory causes of importance:		Other contributory causes of importance:	I REFE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V S No. 1

PLACE	OF DEATH		STATE OF MARYLAND
County	Cecil	**************************************	CERTIFICATE OF DEATH
			Registration Dist. No. 9
	y Elkton ULL NAME Adeli		St: Ward) (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Female	A COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED. Midum OR DIVORCED (Write the word)	April 27, 1932. , 192
6 DATE OF BI	Month	(Day) (Yesr)	I HEREBY CERTIFY, That I attended the deceased from April 19,1932 to April 27,1932 that I last saw h er alive on April 27,1932 192,
8 OCCUPATION	yrs•	mosds. If LESS than I dayhrs. ormin.?	1 55D W
(b) General abusiness, or which employed BIRTHPLACE (State or co	Cerculia		Contributory Secondary (Duration) yee. moe 18 de.
10 NAME OF FATHER OF FATH Z (State of	LACE HER or country) max	nger	(Signed). V. H. M. D. 192. (Address). M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOT	HER Cattions	e Wilson Hand	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents) At place of deathyrs
(Informant) Thomas a lowerer		0	Where was disease contracted, it not at place of dea h? Fredericktown, Md. Former or usual residence Same
(Add	-010-	m D Buile Bush	19 PLACE OF BURIAL OR REMOVAL Collism on D grif Ty 3.09.3.2 20 UNDERTAKER ADDRESS AND AL MOURE middle Torra
	If more banks are		r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

04022

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work aid also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on yrs). For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., scpsis, telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.